

DISASTER CARD APPLICATION

NAME _____

Local Address _____

If Not Fulltime Resident,
Permanent Address _____

Local Employer _____

Address _____

Telephone Number _____

Number Cards Requested _____

* In the event of evacuation, reverse 911 will be used to provide valuable information.

I can provide my own transportation or travel with a relative or friend.

Signature

-FOR OFFICE USE ONLY-

Verified By _____

Staff Signature

Date

Check One

- _____ Driver's License #
- _____ Sanitation Billing
- _____ Employer's or Landlord Verification
- _____ Other